



Self-therapy

1)
Full name of therapist in block capitals Education

2) **Authorised psychologist:** No Yes If Yes: **Authorisation number:.....**

3) **I have practised self-therapy for**

Full name of applicant in block capitals

4) Self-therapy where client and therapist are physically present in the same room:

Number of hours received individually	Total number of hours received in a group (not converted)	Number of participants
		2 (full number of hours counted)
		3–5 (2/3 of the number of hours counted)
		6–12 (1/2 of the number of hours counted)

5) Self-therapy received over video:

Number of hours received individually	Total number of hours received in a group (not converted)	Number of participants
		2 (full number of hours counted)
		3–5 (2/3 of the number of hours counted)
		6–12 (1/2 of the number of hours counted)

7) **The therapist’s declaration of the information given above**

I, the undersigned therapist, hereby confirm that the information given on this form is correct, and that I have practised the self-therapy in question, and that the self-therapy satisfies the requirements set forth in the guidelines for authorisation, cf. Sec. 4.4 of the Board of Psychological Practice’s Guidelines for Authorisation.
 I confirm furthermore that I satisfy the requirements set forth in the guidelines for the self-therapist’s professional qualifications, cf. Sec. 4.4 of the Board of Psychological Practice’s Guidelines for Authorisation.

Date

Signature of therapist